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25944 75	90 08/27/2004		have its own certificat	e of mailing or transmission.			
OLIFF & BERRI P.O. BOX 19928 ALEXANDRIA, V 1/15/2004 NNGUYEN2 000	NOV 1 2 2004 W		I hereby certify that the States Postal Service addressed to the Mai transmitted to the USF	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.  (Depositor's name)			
1 FC:1501 1370.00 OP							
2 FC:1504			18			(Signature)	
		, pauch	ART			(Date)	
APPLICATION NO.	FILING DATE	1	FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/705,431	11/12/2003	Tatsuki		Uchida	117216	4590	
TITLE OF INVENTION: ELECTRIC DRIVE UNIT							
THE OF INVENTION. EX	2201MC BRIVE CIVI						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	<del>-\$1330</del> − - <b> </b> \$13.70		\$300	<del>-\$1630</del> \$1670	11/29/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
MULLINS, BURTON S		2834		310-054000	_		
<ol> <li>Change of correspondence address or indication of "Fee Address" CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custo Number is required.</li> </ol>			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
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PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	clow, no assignee of this form is NOT	data will appe Ta substitute f	ear on the patent. If an assign for filing an assignment.	nee is identified below, the c	locument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
AISIN AW.CO., LTD. ANJO, JAPAN							
Please check the appropriate	assignee category or catego	ries (will not be pri	nted on the pa	ntent): 🔲 Individual 🖾 C	orporation or other private gr	oup entity Government	
4a. The following fee(s) are	enclosed:	4b	. Payment of I		01-1- N - 100	NEO/ (#1 (70)	
Issue Fee A check in the amount of the fee(s) is enclosed. Chk No. 160504 (\$1,6)  Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.						1504 (\$1,670)	
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- Navance Order - # Or			Deposit Acco	ount Number 15-0461	(enclose an extra c	copy of this form).	
5. Change in Entity Status	(from status indicated above MALL ENTITY status. See :	•	□h Applic	ant is no longer claiming SMA	II FNTITV ctatus See 37 (	FR 1 27(a)(2)	
NOTE: The Issue Fee and Printerest as shown by the reco	ublication Fee (ibrounted) rds of the United States Pate	vill not be accepted ent and Trademark	from anyone Office.	y) or to re-apply any previous other than the applicant; a reg	istered attorney or agent; or t	he assignee or other party in	
Authorized Signature			Date				
Typed or printed name Röbert A. Miller.			Registration No. 32,771				
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